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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE	
DATES	

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 53 Valley 0926 Glasgow K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage Capacity Inspection 100 1-A 53-1-12 87.6 1.57 72 08/09/05 100 1-A 53-1-14 46 0.95 16 08/09/05 100 53-1-16 0.95 08/09/05 1-A 26 18 100 1-A 53-1-17 116 1.57 72 08/09/05 100 1-A 53-1-2 68.2 0.95 48 08/09/05 100 1-A 53-1-4 96 1.15 54 08/09/05 1-A 100 53-1-5 84 1.15 54 08/09/05 100 53-1-6 50.5 1.57 72 08/09/05 1-A

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School District Claim for State Reimbursement for School Bus Transportation

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DUE
DATES

First Semester OUE February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent		
ETE TH	IS CLAIM FOR	R STATE REIMB	URSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION:	•
n is for the	period beginning		, :	20 and er	nding		20
	. 0 0-	month	day		_		ay
ICATIO	N:						
mation on	this form is comple	te and accurate to the	e best of my kno	owledge.			
	S	Signature, Chair, Board	l of Trustees				
	I	District:				District Le	evel:
Valley 0932 Hinsdale Elem					Elemei	ntary	
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
7A	1	117.6	1.57	72	08/04/05		
7A	2	123.4	1.15	53	08/04/05		
7A	3	136.2	1.15	53	08/04/05		
7A	3Non	34	0.50	53	08/04/05		
	ETE THE ICATION mation on y District # 7A 7A 7A	February 1 to February 15 ETE THIS CLAIM FOR It is for the period beginning	February 1 to County Superint February 15 to State Superint In is for the period beginning month ICATION: mation on this form is complete and accurate to the Signature, Chair, Board District: y O932 Hinsdale District # Miles Per Day 7A 1 117.6 7A 2 123.4 7A 3 136.2	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL is for the period beginning	February 1 to County Superintendent May 10 to February 15 to State Superintendent May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAIN is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent May 10 to County Superintendent May 24 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION In is for the period beginning

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School District Claim for State Reimbursement for School Bus Transportation

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District	
County	

DUE
DATES

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DUE DATES:	rebruary 1 to County Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMPLI	ETE TH	IS CLAIM FO	R STATE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	}
This claim is for the period beginning				20 and e	ndingr	nonth da	20	
CERTIF	ICATIO	N:						
The infor	mation on	this form is compl	ete and accurate to the	e best of my kn	owledge.			
Date			Signature, Chair, Board	d of Trustees				
County:			District:				District Le	vel:
53 Valley 0933 Hinsdale H S					High S	chool		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	7C	1	117.6	1.57	72	08/04/05		
50	7C	2	123.4	1.15	53	08/04/05		
50	7C	3	136.2	1.15	53	08/04/05		
50	7C	3Non	34	0.50	53	08/04/05		

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State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 t	First Semester o County Sup to State Supe			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STATE RE	IMBURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:		
This claim is for the period beginning							20		
			month	day		n	nonth da		
CERTIF	ICATIO	N:							
The infor	mation on	this form is compl	ete and accurate	to the best of my kn	owledge.				
Date	Date Signature, Chair, Board of Trustees								
County: District: District Level:							vel:		
53 Valle	y		0935 Ophe	im K-12 Scho	ools	High School			
Percentage	District #	Route #	Miles Per Da		Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	9D	1-100.4	100.4	0.95	42	08/05/05			
100	9D	3-95	95	0.95	42	08/05/05			
100	9D	4-103.4	103.4	0.95	36	08/05/05			
100	9D	7-88	88	0.95	42	08/05/05			

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53-13-3-124

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	DUE DATES:	February 1 to Co			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
	COMPLE	TE THIS CLAIM FOR ST	TATE REIM	IBURSEME	NT FO	R SCHOOL	BUS TRANSPORTA	ATION:	
•	This claim	is for the period beginning			_, 20	_ and ending _		, 20	_•
			month	day			month	dav	

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DATES:	February 15 to State Superintendent						May 24 to State Superintendent			
COMPL	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning										
				month	day		n	nonth	d	lay
CERTIF	CERTIFICATION:									
The infor	The information on this form is complete and accurate to the best of my knowledge.									
Date	Date Signature, Chair, Board of Trustees									
County:			District	:					District L	evel:
53 Valley 0937 Nashua K-12 Schools							High S	School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #
100	13E	53-13-1-1	09 88 1.36 60 08/04/05							

42

08/04/05